

File Original and First Copy with
Department of Ecology
Second Copy — Owner's Copy
Third Copy — Driller's Copy

ENTERED WATER WELL REPORT

STATE OF WASHINGTON

Water Right Permit No.

Start Card No.

UNIQUE WELL I.D. # AEE 052

236926

(1) OWNER: Name Pandilla Estates Address P.O. Box 903 Capeville WA 98239(2) LOCATION OF WELL: County Island NW 1/4 SE 1/4 Sec 25 T 32 N, R 1W W.M.(2a) STREET ADDRESS OF WELL (or nearest address) CASH(3) PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☒
☐ Irrigation ☐ Test Well ☐ Other ☐
☐ DeWater(4) TYPE OF WORK: Owner's number of well (If more than one)
Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☐ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐(5) DIMENSIONS: Diameter of well 6 inches.
Drilled 123 feet. Depth of completed well 123-125 ft. top of well

(6) CONSTRUCTION DETAILS:

Casing installed: 6 Diam. from 0 ft. to 110' ft.
Welded ☐ Diam. from ft. to ft.
Liner installed ☐ Diam. from ft. to ft.
Threaded ☐ Diam. from ft. to ft.Perforations: Yes ☐ No ☒
Type of perforator used
SIZE of perforations in. by in.
 perforations from ft. to ft.
 perforations from ft. to ft.
 perforations from ft. to ft.Screens: Yes ☒ No ☐
Manufacturer's Name NAGCOAKA 17'-overall
Type S.S. w/2-Packers Model No. 304
Diam. 6 Slot size 12/14 from 107 ft. to 118 ft.
Diam. Slot size 16 from 119 ft. to 123 ft.Gravel packed: Yes ☐ No ☒ Size of gravel
Gravel placed from ft. to ft.Surface seal: Yes ☒ No ☐ To what depth? 18' ft.
Material used in seal Benetonite
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? Depth of strata
Method of sealing strata off (7) PUMP: Manufacturer's Name Red Jacket
Type: Sub H.P. 2(8) WATER LEVELS: Land-surface elevation ft.
Static level 83' ft. below top of well Date 5-7-98
Artesian pressure lbs. per square inch Date
Artesian water is controlled by (Cap, valve, etc.)(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☒ No ☐ If yes, by whom? DRILLER
Yield: 19 gal./min. with 26 ft. drawdown after 24 hrs.

" " " " " "

" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

12 min Full Recovery to 83'Date of test Bailer test 15' gal./min. with 20 ft. drawdown after 4 hrs.Airstest gal./min. with stem set at ft. for hrs.Artesian flow g.p.m. Date Temperature of water Was a chemical analysis made? Yes ☒ No ☐

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Topsoil	0	1
HARD PAN + Gravel Brown	2	29
SANDY clay Grey	29	44
CLAY - Blue	45	61
SANDY clay Grey	62	74
Clay - Hard - Grey	75	89
water SAND - Clean - Grey	90	95
Silty Sand + Clay Grey	96	100
Water - mixed-fines, clay chunks w/some coarse Sand	101	123
HARD clay - Grey	123 1/2	

Work Started 5-1-98 19. Completed 5-7-98 1998

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WELL DONE DRILLERS
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)Address 440 HILL VALLEY DR.(Signed) Bob F. Jones License No. 1304
(WELL DRILLER)Contractor's Registration No. WELL DONE DRILLERS Date 5-7-98 1998

(USE ADDITIONAL SHEETS IF NECESSARY)

Ecology is an Equal Opportunity and Affirmative Action employer. For special accommodation needs, contact the Water Resources Program at (206) 407-6600. The TDD number is (206) 407-6006.



WASHINGTON STATE
DEPARTMENT OF
ECOLOGY

Well Tagging Form

Unique Well Tag No: _____

AGA920

RECORD VERIFICATION (check one)

- ☐ Well Report available (please attach this form to the well report and submit it to the Ecology Regional Office near you)
- ☐ Verification inconclusive
- ☐ Well Report not available

See #2

WELL OWNERSHIP, IF DIFFERENT FROM WELL REPORTFirst Name PCNPILLA EST C'm ASSN Last Name _____Street Address 60430

City _____ State _____

LOCATION OF WELL, IF DIFFERENT FROM WELL REPORTWell Address 2207 LEBB RD S. Me

City _____ County _____

T _____ N R _____ W M Sec _____ 1/4 of the _____

FOR AGENCY USE ONLY

Latitude _____

Longitude _____

Elevation at land surface _____ feet/meters (circle one)

Additional information, if available

- ☐ Location marked on topographic map (please attach)
- ☐ Location marked on air photo (please attach)

- ☐ GPS
- ☐ Topographic Map
- ☐ Survey
- ☐ Computer generated
- ☐ Digital Altimeter
- ☐ Topographic Map
- ☐ Other _____

The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

FOR AGENCY USE ONLY

WELL CHARACTERISTICS

Physical Description of well (size or casing type or well housing etc.)

6" CASING INSIDE GREY PANELED SHED (210x15x15')
IN THE MIDDLE OF A FIELD

Location of Well Identification Tag

SEE CASING

Is supplemental tag needed for ease of identifying well?

☐

Yes

☒

No

Where was tag placed?

D	C	B	A
E	F	G	H
M	L	K	J
V	P	Q	R

Scale 1 24 000 (1 = 2,000)

Indicate the location of the well within the Section by drawing a dot at that point.

SECTION _____

Comments

State Health

FOR ECOLOGY WATER RESOURCES PROGRAM ONLY

Permit Right #

Date Issued

One

Application

Permit

Certificate

Claim

Exempt